Entered - 12-29-99 - sb CL - 99L0878 - GWENDOLYN BURNS

CLAIM OF: ARNOLD R. DAILEY

through his attorney Diane Morrell McLeod 31 West Congress Street Savannah, Georgia 31401

 $01 - \text{$\ell$}$ -0256

For bodily injuries alleged to have been sustained as a result of an automobile accident on November 26, 1999 at Browns Mill Road and Springside Drive.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to ARNOLD R. DAILEY through his attorney, Diane Morrell McLeod the sum of \$1,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for bodily injuries alleged to have been sustained as a result of an automobile accident on November 26, 1999 at Browns Mill Road and Springside Drive as is more particularly set forth in the within claim; said sum taken from and charged to account 2H01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROBERT N. GODFREY

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>99L0878</u>	Date: <u>February 14, 2001</u>	
Claimant /VictimARNOLD DAILEY		
BY: (Atty) (Ins. Co.) Diane Morrell McLeod, Attorney		
Address: 31 West Congress Street, Suite 201A, Savannah,		
Subrogation: Claim for Property damage \$	Bodily Injur	v \$ 6.000.00
Date of Notice: 12/28/99 Method: Written,	proper X	Improper
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.)	X
Date of Occurrence 11/26/99 Place	Brownsmill Road and Springside Drive	
Department AVIATION Division:		
Department <u>AVIATION</u> Division: <u>Employee involved Darius West</u>	_ Disciplinary Action: _3-day susr	pension
NATURE OF CLAIM: Claimant sustained bodily injuries vehicle that "failed to yield while entering a roadway". The		
INVESTIGATION:		
Statements: City employee Claimant	OthersWritten	Oral
Pictures Diagrams Reports: Police _	X Dept Report	Other
Traffic citations issued: City Driver	Claimant Driver	
Citation disposition: City Driver X	Claimant Driver	
BASIS OF RECOMMENDATION:		
Function: Governmental X Improper Notice More than Six Months	_ Ministerial	
Improper Notice More than Six Months	Other Damage	s reasonable
City not involved Offer rejecte	d Compromise set	tlement X
Repair/replacement by Ins. Co.	Repair/replacement by City For	ces
Claimant Negligent City Negligent X	Joint Claim A	bandoned
	Respectfully submitted,	
	Grundelin	Brown
	INVESTIGATOR - GWEND	ΦLYN BURNS
	ccount charged: 1A012	2H01 X
Claims Manager:	Concur/date	15-01
Committee Action:	Council Action	
FORM 23-61		

LAW OFFICES OF TEE OKONKWO, P.C.

RELEIVED DEC 2 1 1999

TELEPHONE: (404) 222-0238 TELECOPIER: (404) 681-5800

E-MAIL: TEEOKONKWO@AOL.COM

960 MARTIN LUTHER KING, JR. DRIVE

SUITE B

ATLANTA, GEORGIA 30314

December 17, 1999

99L0878 - GWEN BURNS

Cherry Butler, Adjuster ENTERED - 12-29-99 -SB City of Atlanta Claims Dept. 68 Mitchell St. Suite 4100 Atlanta, Georgia 30335

Certified Mail

Re: Notification of Claim Pursuant To O.C.G.A. Section 36-33-5, Notice of Legal Representation and Demand For Disclosure of Insurance Coverage Under The Official Code of Georgia Annotated Section 33-3-28(a)(2).

My injured client : Arnold R. Dailey

Your insured driver : Darius West Date of wreck : 11/26/99

Dear Ms. Butler:

Please be advised that I have been hired to represent Arnold R. Dailey for his claims against your insured driver Darius West, for damages my client sustained in a car wreck on the 26th of November, 1999.

Any future communications to my client should be done through me.

Pursuant to O.C.G.A. 33-3-28(a)(2), you are hereby requested to provide to me within thirty(30) days of the date of this certified letter or by January 17, 2000, the following information regarding any insurance policy that may provide coverage for the claims asserted in this letter:

- 1. Each policy of insurance including excess or umbrella insurance;
- 2. Name of the insurer;
- 3. Name of each insured; and
- 4. Limits of coverage.

I look forward to receiving this information on your insurance policy coverage. Thank you for your help and cooperation in this case. I look forward to working with you.

Yours truly, TEE OKONKWO

cc: Arnold R. Dailey

TO/cl

Sworn to and subscribed

before me this

My commission expires:
Notary Public, Dekalb County,
Georgia
My Commission Exp. June 03, 2002